

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2787AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2008
NAME OF PROVIDER OR SUPPLIER MEADOWS CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5125 MEADOWS LILLY AVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted in your facility on 07/03/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 total beds.</p> <p>The facility had the following category of classified beds: Six Category 2 beds.</p> <p>The facility had the following endorsements: Residential facility for the elderly or disabled persons.</p> <p>The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed.</p> <p>There were 0 complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 067 SS=C	449.196(1)(c) Qualifications of Caregiver- Read regulation	Y 067		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 067	<p>Continued From page 1</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions.</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed to ensure that two out of three employees had read, understood and signed the provisions of NAC 449.156 to NAC 449.2766. (Employee #1, #2)</p> <p>Findings include:</p> <p>1. Employee #1 was hired on 03/01/08. There was no signed statement indicating the caregiver had read and understood the regulations for Residential Facilities for Groups was located in the file.</p> <p>2. Employee #2 was hired on 03/08/08. There was no signed statement indicating the caregiver had read and understood the regulations for Residential Facilities for Groups was located in the file.</p> <p>Severity: 1 Scope: 3</p>	Y 067			
Y 104 SS=C	<p>449.200(1)(e) Personnel File - References</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each</p>	Y 104			

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Y 104	Continued From page 2 member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that one out of three employees had evidence of signed letters of reference in their personnel file. (Employee #1) Findings include: 1. Employee #1 was hired on 03/01/08. The personnel file lacked documented evidence of any signed letters of reference or evidence of a reference check done by the facility. Severity: 1 Scope: 3	Y 104			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: NRS 449.176 1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the central repository for Nevada records of criminal	Y 105			

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Y 105	<p>Continued From page 3</p> <p>history two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report.</p> <p>2. The central repository for Nevada records of criminal history shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the facility, if any, and the health division of whether the applicant has been convicted of such a crime.</p> <p>NRS 449.179</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent</p>	Y 105			

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Y 105	<p>Continued From page 4</p> <p>contractor who provides proof that an investigation of his criminal history has been conducted by the central repository for Nevada records of criminal history with in the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least every 5 years. The administrator of person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the central repository for Nevada records of criminal history.</p> <p>4. Upon receiving fingerprints submitted pursuant to this section, the central repository for Nevada records of criminal history shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the health division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The central repository for Nevada records of</p>	Y 105			

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Y 105	<p>Continued From page 5</p> <p>criminal history may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the central repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the central repository, it shall allow the employee or independent contractor to pay the amount through periodic payments.</p> <p>NRS 449.182 Each agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the central repository for its report. These records must be made available for inspection by the health division at any reasonable time and copies thereof must be furnished to the health division upon request.</p> <p>NRS 449.185 1. Upon receiving information from the central repository for Nevada records of criminal history pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the administrator of, or the person licensed to operate, the agency or facility shall terminate the employment or contract of that person after allowing him time to correct the information as</p>	Y 105		

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Y 105	<p>Continued From page 6</p> <p>required pursuant to subsection 2.</p> <p>2. If the employee or independent contractor believes that the information provided by the central repository is incorrect, he may immediately inform the agency or facility. An agency or facility that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the central repository before terminating employment or contract of the person pursuant to subsection 1.</p> <p>3. An agency or facility that has complied with NRS 449.179 may not be held civilly or criminally liable based solely upon the ground that the agency or facility allowed an employee or independent contractor to work;</p> <p>(a) Before it received the information concerning the employee or independent contractor from the central repository;</p> <p>(b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information;</p> <p>(c) Based on the information received from the central repository, if the information received from the central repository was inaccurate; or</p> <p>(d) Any combination thereof.</p> <p>An agency or facility may be held liable for any other conduct determined to be negligent or unlawful.</p> <p>NRS 449.188</p> <p>1. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups to an applicant or may suspend or revoke the license of a licensee to operate such a facility if:</p> <p>(a) The applicant or licensee has been convicted of:</p>	Y 105		

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Y 105	<p>Continued From page 7</p> <p>(1) Murder, voluntary manslaughter or mayhem; (2) Assault with intent to kill or to commit sexual assault or mayhem; (3) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime; (4) Abuse or neglect of a child or contributory delinquency; (5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years; (6) A violation of any provision of NRS 200.50955 or 200.5099; (7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the preceding 7 years; or (8) Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years; or (b) The licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a).</p> <p>2. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate an agency to provide nursing in the home to an applicant or may suspend or revoke the license of a licensee to operate such an agency if the licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.</p> <p>Based on record review, the facility failed to ensure that one out of three employees had the required criminal background checks completed. (Employee #2)</p> <p>Findings include:</p>	Y 105		

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Y 105	Continued From page 8 1. Employee #2 was hired on 03/01/08. The employee file lacked a verification letter from the state repository that fingerprint cards had been received or evidence of a completed criminal background check. Severity: 2 Scope: 3	Y 105		
Y 455 SS=F	449.231(2)(e) First Aid Kit - CPR Mask NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure the first aid kit included a shield or mask to be used by a person performing cardiopulmonary resuscitation. Findings include: 1. On 07/03/08 at 8:00 AM during a tour of the facility, the contents of the first aid kit was examined. There was no cardiopulmonary resuscitation (CPR) shield or mask located inside the first aid kit. On 07/03/08 at 8:00 AM, Employee #1 reported she was not aware that the first aid kit did not contain a CPR mask or shield. Severity: 2 Scope: 3	Y 455		

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Y 690	Continued From page 9	Y 690			
Y 690 SS=D	<p>449.2712(1)(a) Oxygen - Resident capable of operating</p> <p>NAC 449.2712</p> <p>1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he:</p> <p>(a) Is mentally and physically capable of operating the equipment that provides the oxygen.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review the facility permitted a person who required the use of oxygen, to remain a resident of the facility when they were not mentally or physically capable of operating the equipment that provides oxygen. (Resident #1)</p> <p>Findings include:</p> <p>1. On 07/03/08 at 8:00 AM during a tour of the facility, Resident #1 was observed sitting in a chair in the living room area of the facility. An oxygen concentrator device was located next to Resident #1. Resident #1 was found to be unable to verbally communicate, confused, disorientated and required full assistance with the activities of daily living and had to be fed breakfast by the caregiver. Resident #1 was not physically or mentally capable of operating the oxygen concentrator device or applying the oxygen tubing nasal prongs to her nostrils as needed.</p>	Y 690			

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Y 690	Continued From page 10 On 07/03/08 at 8:00 AM, Employee #1 reported Resident #1 was diagnosed with Dementia and Chronic Obstructive Pulmonary Disease (COPD). Caregiver #1 reported the resident was not mentally or physically capable of telling the staff when she needed oxygen or able to operate the oxygen concentrator device. Employee #1 indicated the staff would assess the residents respiratory status and apply the oxygen when they felt the resident was having difficulty breathing. Employee #1 reported oxygen had to be applied to the resident approximately three times since April 2008 due to shortness of breath. Resident #1 was admitted to the facility on 01/30/08 with a diagnosis that included Dementia and Chronic Obstructive Pulmonary Disease. The Activity of daily living assessment records dated 01/30/08 for Resident #1 indicated the resident required full assistance with activities of daily living which included being fed meals by the staff of the facility. The resident was not capable of making decisions, operating equipment or assisting in her care. An order by the Physician dated 04/24/08, indicated Resident #1 was to have oxygen two liters per nasal cannula twenty four hours continuously or as needed for shortness of breath. Severity: 2 Scope: 1	Y 690		
Y 698 SS=F	449.2712(2)(b)(5) Oxygen-Tanks secured to wall or racks NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that:	Y 698		

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Y 698	<p>Continued From page 11</p> <p>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure oxygen tanks were secured in a stand or to a wall.</p> <p>Findings include:</p> <p>On 7/3/08 at 8:00 AM during a tour of the facility, two sealed oxygen tanks were observed standing upright in a medication closet. Both oxygen tanks were not secured in a stand or to a wall.</p> <p>On 07/03/08 at 8:00 AM, Employee #1 reported the two oxygen tanks in the medication closet belonged to Resident #1. The employee reported the oxygen tanks had been stored unsecured in the medication closet for months.</p> <p>The Administrators personnel file revealed a policy regarding oxygen use, dated 10/15/05 and signed by the Administrator. The policy includes the statement that all oxygen tanks kept at the facility are to be secured in a stand or to a wall.</p> <p>Severity: 2 Scope: 3</p> <p>Repeat deficiency from annual state licensure survey conducted on 04/05/07.</p>	Y 698			

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